DOCUMENT RESUME

ED 449 121 SP 039 620

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TITLE	School Health Education in a Multicultural Society. ERIC Digest.
INSTITUTION	ERIC Clearinghouse on Teaching and Teacher Education, Washington, DC.
SPONS AGENCY	Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO	EDO-SP-2000-2
PUB DATE	2000-09-00
NOTE	3p.
CONTRACT	ED-99-CO-0007
AVAILABLE FROM	ERIC Clearinghouse on Teaching and Teacher Education, American Association of Colleges for Teacher Education, 1307 New York Avenue, N.W., Suite 300, Washington, DC 20005-4701. Tel: 202-293-2450 or 800-822-9229 (Toll Free); e-mail: query@aacte.org. For full text: http://www.ericsp.org.
PUB TYPE	ERIC Publications (071) -- ERIC Digests in Full Text (073)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Comprehensive School Health Education; Consciousness Raising; *Cultural Awareness; Cultural Differences; *Diversity (Student); Elementary Secondary Education; Health Behavior; *Multicultural Education; Student Attitudes
IDENTIFIERS	ERIC Digests; *Health Attitudes

ABSTRACT

School health education needs to build a broad base of awareness, tolerance, and sensitivity to different expressions of healthy behavior while maintaining scientific accuracy. This can only be accomplished through exposing children to the various types of health knowledge found in different cultures. Health education involves helping students: understand and love their own cultures, exploring what is taught about healthy behavior; examine how different cultures explain suffering, treatment of illness, and promotion of health; learn about and value differences in a systematic manner in order to search for common ground and establish shared values (by telling personal stories, presenting case studies, noting different health-related themes, discussing the shared value of food, examining body image, and looking at cultural beliefs about causes of illnesses); and understand the message that every American culture has unique strengths, knowledges, and wisdom concerning health. (Contains 10 references.) (SM)

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DIGEST

September 2000

EDO-SP-2000-2

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School Health Education in a Multicultural Society

Barbara Frye Anderson

ED 449 121

The beliefs and behaviors that surround health are an integral part of cultural expression. Yet, for many school children in America's multicultural society, the academic concepts presented in the classroom are different from the child's everyday life experience (Laboratory of Comparative Human Cognition, 1986). Rather than feeling proud of what their culture uniquely offers in promoting a healthy lifestyle, some children may feel isolated, marginalized, and ashamed of the way their culture explains and manages health and illness. School health education needs to build a broad base of awareness, tolerance, and sensitivity to different expressions of healthy behavior while maintaining scientific accuracy. This can only be accomplished through exposing children to the health knowledges found in different cultures (Ben-David & Amit, 1999).

"Remember your roots..." (Edelman, 1992, p. 90)

Appreciation of others' cultural beliefs begins with understanding and loving one's own culture. Children must be encouraged to explore and value what their subcultures teach about healthy behavior. This exploration needs to take place in an environment of acceptance where no one culture is regarded more highly than another. Caucasian children often express a sense of "rootlessness" about their Euro-American culture with comments like, "I don't have a 'culture'." Educators need to help all children to clarify their cultural heritages and acknowledge that their cultures are pieces in the mosaic of American life.

Don't confuse "...the shadow for the substance" (Edelman, 1992, p. 69)

Health behaviors may seem meaningless or superficial until explained within the context of culture. Cultural knowledge involves searching for hidden meaning or rationale for a behavior. Children need the opportunity to explore how different cultures explain suffering, treatment of illness, and promotion of health. For example, children of Chinese ethnicity may be taught that health is about self-control and performing specific health-promoting tasks (Anderson, 1998; Chen & Uttal, 1988). Thus, unsatisfactory behavior may be framed as illness, a "social construction of disobedience as sickness" (Anderson, 1998, p. 139).

Cambodian and some other southeast Asian children commonly learn that health is a state of equilibrium, which is achieved through releasing *"bad winds"* from the body by vigorous rubbing of the skin with hot coins. Health is promoted through avoiding extremes; therefore, one is encouraged to laugh when a situation becomes too sad. Cambodians' laughter at sad occasions is a health promoting behavior, not a bizarre or inappropriate social response (Frye & McGill, 1993).

Some Native American children may be taught to regard a healthy lifestyle as part of their relationship to the natural world. For example, the Lakota cultural tradition is rich with messages that health is about *"being,"* about respecting the earth, about learning from the wind and the coyotes (Kavanagh, Absalon, Bell, & Schliessmann, 1992). Teaching children to respect and value multiple pathways to healthy living is essential in order to establish shared values and beliefs about health.

The importance of "...fellowship of human beings...." (Edelman, 1992, p. 66)

When children are encouraged to learn about and value differences in a systematic manner at all levels of education, then they will be more likely to search for common ground and to establish shared values. When they are encouraged to acknowledge and maintain their own belief systems as precious, then they will be more willing to extend that privilege to others (Edelman, 1992; Sadler, Nguyen, Doan, Au, & Thomas, 1998). Health education curricula in a pluralistic society need to communicate shared values by incorporating valid health promotion content from different cultures (Laboratory of Comparative, 1986; Stycos, 1998).

Some ways that the health educator can promote health in the context of shared values include:

Stories: Every culture has stories of how people get sick, get better, and stay healthy. One exercise is for learners to identify and share stories from their cultural heritages. Students work in small groups that are mixed ethnically. They discuss their own ideas about causes of illnesses and ways to stay healthy. Students then complete a take-home assignment in which they find a traditional story from their culture that explains how people get sick, get better, and stay healthy. The exercise helps them to understand the cultural roots of healing. Quite often, students who say "I have no culture" benefit the most from this exercise of exploring cultural messages. They are challenged to look at mainstream folk ideas (e.g., not covering your head in the rain causes a cold) and to acknowledge that these ideas are not necessarily believed by all to cause illness. This approach works with elementary through university-level students.

Case studies: One way to help students think about promoting and managing health is to have them interview the person in their families who takes care of health needs. Students ask a set of open-ended questions such as: what are the most serious potential health problems for family members, what are the best ways to deal with these problems, who decides what to do, and how do you keep from getting these problems? Cultural differences emerge as students share the cultural management of health promotion and illness in their

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homes. Note: A good way to involve parents is to invite them to class to be interviewed or share stories.

Themes: Different health-related themes are the basis for learners' explanations of what their culture would say about a specific issue. Examples of cross-cultural health themes around which shared values can be develop include the following:

Respecting boundaries. There is a great deal of cultural variance on what parts of the body can be touched, when they can be touched, and what parts are considered clean. For example, an Asian American child may be highly offended if the head, the sacred part of her body, is patted, whereas most other American children would consider that a sign of affection. According to many cultures, the bottom of the foot may be seen as more unclean than the anus or the mouth. Sexual exploration can be discussed in the context of who touches whom and under what conditions.

Eating for health. Every culture speaks to the shared value of the relationship of food and health. Food is frequently the first treatment for illness and highly valued in preventing illness. Students learn to value knowledge from other cultures by exploring how their own and other cultures use food to promote health. For example, an Asian student might bring examples of hot and cold foods to the class and explain the theoretical premise behind hot-cold food balance as therapy. The use of food for different situations can be explored across cultures — for example, foods to heal, foods to comfort during illness, foods to prevent illness, foods to protect babies, foods for pregnant mothers, and foods for the elderly who are sick. The cultural variation becomes a fascinating experience for the learners and a source of identity and pride for those sharing.

Body image. Cultural groups often vary in their definitions of an acceptable and desirable body size. Hispanic and African American men and women are more accepting of larger sized persons, equating large size with strength, power, and beauty. Caucasian Americans are more likely to associate leanness — and even extreme thinness in women — with beauty. Adolescent students can be challenged to examine their own beliefs about a positive body image by bringing to class pictures or drawings of people who conform to their standards for an agreeable body image. Students may then discuss in small groups how both mass media and their own culture affect body image.

Causes of illness. Every culture describes underlying causes of illness—failure to follow social codes, lack of self-control, inadequate nutrition, lack of harmony with the natural world, poor immunity, germs, "bad winds." That *illness is a cause-effect event* is a shared value among many cultures but causes vary. Cambodian children may whisper that the real cause of illness is revenge of the *neak ta*, the spirits of the trees, who are offended if one speaks loudly or rudely. Cross-cultural sensitivity develops when students identify causes in an open environment in which their opinions are respected and not negated.

Bring It Home

Peace Corps incorporates three goals-*serve*, *learn* and *bring the message home*. In a multicultural society, health educators need to incorporate these goals to serve the needs of all children, helping them to feel pride in what their cultures have to say about being healthy. Educators need to find common ground and identify shared values about health among America's many subcultures. Most of all, educators need to bring it home—the message that every American culture has unique strengths, knowledges, and wisdom concerning health.

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